



REGISTRATION



STEP 1: Pick Your Camp

Choice	Date	Week	THE POINT			TIMBER RIDGE
			1st – 3rd	4th – 6th	9th – 12th	6th – 8th
	June 14-17	1	▣ Primary: \$330	▣ Juniors: \$430		▣ Young Teens: \$450
	June 17-20		▣ Primary: \$330			
	June 21-27	2			▣ Senior High: \$545	▣ Young Teens: \$450
	June 28-July 3*	3	▣ Primary Plus: \$335	▣ Juniors: \$400		▣ Young Teens: \$400
	July 5-11	4	▣ Primary Plus: \$420	▣ Juniors: \$465		▣ Young Teens: \$505
	July 12-18	5	▣ Primary Plus: \$440	▣ Juniors: \$485		▣ Young Teens: \$505
	July 19-24*	6	▣ Primary Plus: \$455	▣ Juniors: \$480		▣ Young Teens: \$490
	July 26-Aug. 1	7	▣ Primary Plus: \$495	▣ Juniors: \$535		▣ Young Teens: \$570
	Aug. 2-5	8	▣ Primary: \$365	▣ Juniors: \$580		▣ Young Teens: \$585
	Aug. 5-8		▣ Primary: \$365			
	Aug. 9-15	9	▣ Primary Plus: \$495	▣ Juniors: \$575		▣ Young Teens: \$575
	Aug. 16-21*	10	▣ Primary Plus: \$410	▣ Juniors: \$475		▣ Young Teens: \$435
	Aug. 23-29	11				▣ Young Teens: \$475

* Short Week

STEP 2: Contact Information

Fill in CAMPER contact, PRIMARY contact and ALTERNATE contact information.

Camper's Name _____ Grade Completed as of June 2020 _____ Gender ☐ Male ☐ Female

Street Address _____ City/State/Zip _____ Birth Date _____

Primary Contact _____ Relationship to Camper _____

Primary Contact E-mail _____ Primary Contact Cell# _____ Primary Alt. # _____

Alternate Contact _____ Relationship to Camper _____ Alt. Contact Cell# _____

Cabin Friend: _____ Church you Attend: _____

See information section for Cabin Friend

STEP 3: Health History Form

General Medical Information

What is the name and number of your family physician? _____

What is the name of your medical insurance carrier? _____

Insurance Group or Policy # _____

What is the name of the insured person? _____ What is the birthdate of the insured person? _____

RX Group # _____ RXBIN # _____ RXPCN# _____

Step 3 continued on other side.

Continued.

STEP 3: Health History Form

Health History

Does this camper have any allergies to medications, food, plants, insects, etc.? ☐ Yes ☐ No

If yes, please explain: _____

Check any of the following that apply to you:

☐ Frequent Ear Infections ☐ Asthma ☐ Mononucleosis ☐ Bedwetting ☐ Diabetic ☐ Autism ☐ Seizures ☐ Down Syndrome
☐ Heart Defect/Disease ☐ Tourette's Syndrome ☐ ADD/ADHD ☐ Bleeding Disorder ☐ History of Head Injury

Check any of the following dietary concerns that apply to you:

☐ Gluten ☐ Lactose ☐ Peanuts ☐ Tree Nuts ☐ Vegetarian ☐ Other _____

Are there any health problems that would make it difficult for your child to participate in physical activities while at camp? ☐ Yes ☐ No

If yes, please explain: _____

Approximate date of your camper's last tetanus shot? _____

Are all immunizations up to date? ☐ Yes ☐ No If no, reason? _____

Is there anything else you'd like us to know about your camper's health? _____

FEMALE CAMPERS ONLY

Has this camper menstrated? ☐ Yes ☐ No Is it regular? ☐ Yes ☐ No ☐ N/A

If she hasn't menstruated, has she been told about it? ☐ Yes ☐ No

PARENTAL AUTHORIZATION: I hereby:

- Affirm there is no need of a doctor's examination prior to camp based on current physical health, or that such an examination has been obtained and included with this registration.
- Authorize Trout Lake Camps medical staff to dispense over the counter medications as need arises and prescription medications based on instructions provided.
- Give permission to the medical personnel selected by the camp to order x-rays, routine tests, treatment, to release any records necessary, and to provide or arrange medical transportation for my child. In the event that I cannot be reached, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization for my child.
- Allow my child to participate in all camp activities, including but not limited to the blob, boating, canoeing, climbing walls, disc golf, flying squirrel, horseback riding, leap of faith, mountain bike/scooter riding, paintball, riflery, slingshot range, skateboarding, swimming, watermat, zipline, and any adventure activity or camp wide games. In doing so I voluntarily accept the risk and agree that Trout Lake Camps/CNC and any of their staff or volunteers will not be liable for injuries resulting from my child participating in camp activities.
- I freely and voluntarily assume complete personal responsibility for these risks and for injuries that may occur as a result of these risks, even if such injuries occur in a manner that is not foreseeable at the time this agreement is signed.
- Understand that Trout Lake Camps reserves the right to dismiss a camper whose action, behavior, or attitude, in their judgment, is contrary to the best interests of the camp.
- Agree that any pictures or video taken at camp may be used by Trout Lake Camps or their assigned agents for art, advertising, or promotional literature. I waive my right to inspect or approve the finished product or copy.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STEP 4: Options

Add options to your Child's registration

\$_____ **Camp Store Account:** This money is used as spending money at Trout's store, canteen, Soda Fountain, The Barn, and for certain activities. To see a list of activities, visit our FAQ page at TroutLakeCamps.org. Any remaining money at the end of the week will be returned to the camper.

\$_____ **(\$80) Horsemanship Class:** Campers learn about caring for horses and basic riding skills through corral and trail rides. Horsemanship classes are assigned on a first-come, first-served basis according to when registrations arrive in our office. This option is available for Juniors, Young Teens, and Senior High campers.

\$_____ **(\$35) Care Package:** A mid-week surprise for your camper that includes a draw string back pack, Trout water bottle, a coupon for a free ice cream in the Soda Fountain/The Barn, and Trout souvenirs and yummy snacks.

\$_____ **(\$40) Blanket:** Our Trout blanket is the perfect souvenir for campers to use while at camp and after they get home. Blankets measure 54 x 84 and will be waiting for your camper in their cabin upon arrival.

\$_____ **Option(s) Total:** (Add the total cost of options and write this amount on the Options Total in Step 5).

STEP 5: Payment Information

Total your camp fees.

Camp Fee (See schedule) \$ _____

Options Total \$ _____

Church Coupons & Corporate Sponsorship *Special coupons given out by supporting churches and corporations must be attached to this registration form to be redeemed. Sponsorship codes and values are set up and provided by the churches and corporations.*

Sponsorship/Coupon Code _____

Total Fee \$ _____

☐ I have attached a check, money order, or cash to this registration.

☐ Charge my credit card below the total amount. ☐ MasterCard ☐ Visa ☐ Discover

Account #: _____ **Exp:** ____/____ **CVV#** _____

Name on Card _____

Signature _____

Date _____